

Impact of Educating Nurses about Emergence Delirium in a Pediatric PACU

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Abstract

Purpose

The purpose of this project was to educate registered nurses in a pediatric PACU about causes of emergence delirium (ED) after anesthetic administration and the interventions utilized to decrease the length of time a patient experiences ED.

Scope

Emergence Delirium is estimated to occur in 10% to 50% of pediatric postoperative patients. Patients and staff are at risk for injury and more staff are required to care for a patient experiencing ED. Parent and staff satisfaction is decreased. Many nurses are not confident in their ability to make the complex assessment and treatment decisions required to care for delirious children.

Methods

Twenty-four nurses in a tertiary care pediatric PACU were included in this project. A questionnaire to evaluate the nurses' knowledge of ED was distributed. Educational in-services and one-on-one meetings were held. Informational posters and a binder with research articles were accessible in the PACU. A second questionnaire was distributed to evaluate the effectiveness of the interventions.

Results

Nineteen pre-intervention and 15 post-intervention questionnaires were returned. Seventy-eight percent of the nurses knew which factors predisposed a patient to ED before the intervention and 100% did after the intervention. Before the intervention, 61% were familiar with the interventions used to decrease the amount of time a patient experiences ED and 87% were after the intervention. Before the intervention, 33% of nurses were confident and 67% were somewhat confident of their ability to care for patients experiencing ED. After the intervention, 60% were confident and 40% were somewhat confident in their ability.

Conclusions

Increasing the nurses' knowledge of methods to assess and treat patients experiencing ED, increases their confidence in their ability to care for these patients. The major limitation was that the project occurred during the summer when the PACU is very busy and this limited the amount of time available for in-services. A post-anesthesia agitation algorithm is in place now in the PACU and plans are in place for a multi-disciplinary ED Task Force and an ED study in the PACU.